

# Request For Certified Copies of Documents

Mail to: Copy Desk, Arizona Department of Revenue, 1600 W Monroe, Phoenix AZ 85007-2650

No. \_\_\_\_\_

FOR DEPARTMENT USE

**Read instructions on reverse side before completing this form.**

**Please type or print.**

1. Name(s) as shown on document:

A. \_\_\_\_\_

B. \_\_\_\_\_

3. Tax return for period(s):

\_\_\_\_\_

\_\_\_\_\_

When Filed: \_\_\_\_\_

\_\_\_\_\_

5. Current address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

Signature of requester

\_\_\_\_\_

Title (if applicable)

2. SSN and/or ID number as shown on document:

A. \_\_\_\_\_

B. \_\_\_\_\_

4. Tax type: *(check one only)*

Individual Income Tax ☐

Corporate Income Tax ☐

Transaction Privilege Tax ☐

Withholding ☐

Other (Please Specify): \_\_\_\_\_

6. Mail copies to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Day Telephone

FEE: \$1.00 for front page (per period), 10¢ for each additional page.

**Check or money order only** *(Your canceled check is your receipt.)*

**PLEASE ALLOW THIRTY (30) DAYS FOR PROCESSING.**

*Send request and remittance to:*

Copy Desk

Arizona Department of Revenue

1600 W Monroe

Phoenix AZ 85007-2650

## For Department Use

	Document Number(s)
Serial Number _____	_____
Amount Received _____	_____
Postmark Date _____	_____
Date Received _____	_____
Date Mailed _____	_____
Billed _____	_____
Comments _____	_____